



**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Toru AOKI

Group Art Unit: 2673

Application No.: 09/994,674

Examiner: L. Shapiro

Filed: November 28, 2001

Docket No.: 111079

For: LIQUID CRYSTAL DISPLAY, IMAGE DATA COMPENSATION CIRCUIT,  
IMAGE DATA COMPENSATION METHOD, AND ELECTRONIC APPARATUS

**AMENDMENT FILED WITH REQUEST FOR CONTINUED EXAMINATION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

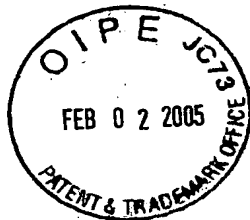
Sir:

Further to the Notice of Allowance mailed November 4, 2004, please consider the following:

**Amendments to the Claims** as reflected in the listing of claims; and

**Remarks.**

OLIFF & BERRIDGE, PLC  
Telephone: (703) 836-6400  
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**PATENT APPLICATION**

Attorney Docket No.: 111079

CUSTOMER NUMBER 25944

**AMENDMENT TRANSMITTAL**

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Commissioner for Patents  
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Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.  
☐ Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		ADD'L FEE	OR		ADD'L FEE
TOTAL CLAIMS	*25 MINUS	**20	=5	x 25	\$		x 50	\$ 250.00
INDEP CLAIMS	*9 MINUS	***6	=3	x 100	\$		x 200	\$ 600.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 180	\$	OR	+ 360	\$
					\$			\$ 850.00

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.


\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 163162 in the amount of \$850.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

  
James A. Oliff  
Registration No. 27,075

Kevin M. McKinley  
Registration No. 43,794